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STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 4

Local Registrar's No. _____

1. PLACE OF DEATH

County Apache State Arizona

District or Township _____

City St Johns

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME

Herman Mark Farr

(a) Residence, No. _____ (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR or RACE

White5. SINGLE, MARRIED, WIDOWED or DIVORCED.
(Write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 7 19257. AGE 5 Years 7 Months 8 Days

IF LESS than 1 day or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employerStudent9. BIRTHPLACE (city or town)
(State or country)St Johns Arizona

10. NAME OF FATHER

Lorin Farr11. BIRTHPLACE OF FATHER
(State or country)Snucaplake Arizona

12. MAIDEN NAME OF MOTHER

Effie Peterson13. BIRTHPLACE OF MOTHER
(State or country)St Johns Arizona

14. Informant

(Address)

Lorin Farr (father)
St Johns Arizona

15. Filed

Jan 21 1931J R Armijo
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 15 1931
Month Day Year17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1931 to Jan 14 1931
that I last saw him alive on Jan 14 1931
and that death occurred, on the date stated above, at 4:30 P. M.
The CAUSE OF DEATH* was as follows:Acute lymphatic leukemia
(duration) yrs. 3 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Blood examination

(Signed)

Kenneth A. Herbst, M.D.
Jan 21 1931 (Address) St Johns Arizona

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

L D S Cemetery

20. UNDERTAKER

None

DATE OF BURIAL

Jan 16 1931
ADDRESS

MARGIN RESERVED FOR BINDING. Every item of information should be carefully written in plain terms, so that it may be read by anyone. This is a PERMANENT RECORD. See instructions on back of certificate.

N. B. WRITE PLAINLY, WITH UNFADING INK. This is a PERMANENT RECORD. Every item of information should be carefully written in plain terms, so that it may be read by anyone. This is a PERMANENT RECORD. See instructions on back of certificate.

Parents

1. B. WRITE PLAINLY, WITH UNFADING INK. This is a PERMANENT RECORD. Every item of information should be carefully written in plain terms, so that it may be read by anyone. This is a PERMANENT RECORD. See instructions on back of certificate.